

POWER POLITICS AND THE TAKEOVER OF HOLISTIC HEALTH IN NORTH AMERICA; AN EXPLORATORY HISTORICAL ANALYSIS

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ABSTRACT

As far back as recorded history goes, indigenous peoples have practiced holistic systems of medicine. Their complex and sophisticated systems of medicine were effective health promotion, disease prevention, treatment, and palliative care. Indigenous systems of medicine reflected cosmologies that were deeply rooted in interconnectedness between: Earth and all inhabitants; mind, body, spirit; all life forms in the universe. Indigenous systems of medicine are the world's oldest surviving medical traditions. Another old system of medicine, homeopathy, is practiced in the modern day and was brought here as part of the settler wave of migration. Homeopathic concepts share a great deal with indigenous cosmologies and medical world views. For example, the notion that spirit or energy is responsible for creating health is common to both; homeopaths call this "vital force" and various words exist in the myriad languages of the original stewards of this land. Both of these systems of medicine have helped to keep communities healthy throughout history, but, like all systems of medicine, they also have their problems.

Historically, Europeans had two major impacts on indigenous systems of medicine. First, genocide of indigenous peoples — using techniques such as warfare, the introduction of alcohol, residential schools, spreading diseases — causing the death of millions of people and the destruction of their

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systems of health care (although some survived) and second, the introduction of holistic systems of health care.

Allopathic medicine, while it is well entrenched in North America, has only held this influential position for approximately one century. Dispelling myths that allopathic dominance was gained exclusively through evidence based health outcomes using scientific diagnostic and treatment protocols, this paper demonstrates that two systems of healthcare were overturned in North America, using primarily financial, military, and political tools. In analyzing these social forces, this paper is in no way a wholesale critique of allopathy. Indeed, allopathy has tremendous value in improving population health, particularly in acute and emergency care.

Holistic systems of medicine were ascendant in the past and their decline was less about “the progress of science” and more about power and politics. Despite this decline, holistic health is re-emerging. Medical pluralism is experiencing a renaissance.

Keywords: indigenous systems of medicine, homeopathy, allopathy, power politics

INTRODUCTION

Globally, the dominance of allopathic medicine in North America is anomalous. Holistic health has a stronger presence in other regions — Asia, Africa, the Middle East, Latin America, Australasia, and Europe (Shroff, 1998). Holistic health systems connect mind and body; sometimes written as wholism, denoting their links to wholeness, holistic systems exist all over the world. China has Traditional Chinese Medicine, South Asia has Ayurveda, Sidda, and Unani, and North America has various indigenous systems of medicine and other systems elsewhere. These holistic systems of medicine² integrate ecological, spiritual, psycho-emotional, lifestyle, botanical, and many other aspects of health into health promotion, disease prevention, treatment, and palliation.

“Before the European invasion, Aboriginal people were healthy. There were as many as 90 to 112 million Aboriginal people in North America then;

2. Holistic health care/medicine incorporates mind and body. It is also known as alternative or complementary medicine/health care. In this paper, holistic health will be used interchangeably with alternative or complementary medicine and will be defined as approaches to well-being and treatment of illness that focus on mind and body. Holistic self-care encompasses practices such as yoga, meditation, Tai Chi, and Chi Gung. Holistic care provided by professionals encompasses indigenous systems of medicine, homeopathy, traditional Chinese medicine, Ayurveda, botanical medicine, and others. Additionally, the term holistic health care is used in this paper to encompass both self-care and practitioner-based care.

today only a small fraction of this number remains” (Deiter and Ottway, 2001, p. 8). With European colonization, starting in the 15th century or so, came genocide of millions of indigenous peoples, leading to the decline of their systems of medicine (McPherson, 2003).³ Aspects of some indigenous systems of medicine, however, were preserved and practiced underground.

Early settlers from the 1500–1800s brought with them various forms of medicine practiced in Europe at the time: homeopathy, water cure, botanical medicines, and other natural therapies. These systems, particularly homeopathy, flourished and ascended in the 1700s and 1800s (Shepherd, 2006; Coulter, 2001). By the middle of the 19th century, various allopathic medical forces came together to compete with homeopathic medicine. These included: the American Medical Association (AMA) and its support from the Rockefeller and Carnegie Foundations; a review of medical schools prepared by these associations that produced an economic and social context in which laboratory based allopathic medical schools flourished and schools of homeopathy, those that admitted women and people of African descent were closed. By the early 1900s allopathic medicine, practiced mainly by men of European heritage,⁴ secured its current hegemonic position (Magner, 2005). This paper examines these trends.

INDIGENOUS HOLISTIC HEALTH CARE PRACTICES IN NORTH AMERICA: A BRIEF OVERVIEW⁵

The holistic approach of Indigenous medicine is both its genius and its ultimate complexity. (Martin Hill, 2003, p. 8)

The early medical history of North America is one of holistic medicine, practiced by indigenous peoples for at least 2000 years (Callahan, 2010). Given the great sociocultural and geographic diversity of indigenous peoples, medical practices in early times were diverse and included plant-based remedies, healing circles, sweat lodge ceremonies, movement-based healing, nature

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3. Health status is largely determined by social forces: social status, income, education, housing, social support and so forth. Health care and medicine also play a role in creating health. Throughout this paper, while we draw upon the role of medicine in creating health there is an underlying notion that social determinants play a greater role in creating health.
 4. Today, many women and people of non-European heritages are practising allopathic medicine.
 5. Throughout this paper, in discussing indigenous systems of medicine, many quotes are used. Most quotes are from indigenous people. Because the author is a Parsi (and not an indigenous North American), the writings of indigenous people have been deliberately inserted into the paper to bring their ideas, in their own words, into this paper. It is not the author’s intention to speak as an authority on indigenous cultures or medicines — only to be a respectful ally.

retreats, and many other spiritual health practices (Kirmayer and Valaskakis, 2009). Between nations, many differences existed in the conceptualization and practice of medicine.

The genius of indigenous systems of medicine has been described by various authors, including Wade Davis:

To understand the role of the shaman, and to know anything of his genius in using plants, one must be prepared to accept the possibility that when he tells of moving into realms of the spirit, he is not speaking in metaphor.... With the dexterity of a modern chemist, they recognize that the different compounds in relatively small concentrations might effectively potentiate one another.... What are the odds against finding in a forest of fifty thousand species, two plants, totally different, one vine, the other shrub, and then learning to combine them in such a precise way that their unique and highly unusual chemical properties complement each other perfectly...? (2001, p. 34)

While not romanticizing indigenous systems of medicine, it is clear that this genius emanates from societies that were deeply connected to all forms of life and accepted few limits on the capacity of the human being for excellence and self-fulfillment.

Indigenous systems of medicine generally focus on returning people to a state of harmonious balance both internally and in relationship with the outer world. The holistic approach of many indigenous systems of medicine worked to create changes in (ill) people's self knowledge, their relationships with the world around them, and ultimately move them back to health transformed. Behavioural changes were often expected by those guiding the healing (Continuum Centre for Health and Healing, 2003). Illness is thus an opportunity for growth and learning despite the suffering.

Indigenous peoples' connections to land shaped their complex medical practices. Many indigenous notions of improving human health were and are linked to improving the health of the land and all species on it (Kirmayer et al., 2009). Plant based medicine was highly developed in many indigenous communities:

Traditional ways of healing include respect for the plants and the earth from which they come.

Respect involves giving back, so tobacco is offered and permission asked before taking any plant to use as medicine. It is no accident that we share the earth with plants. Our co-existence is a symbiotic relationship that provides food and medicine. Unlike pharmaceuticals, plants contain all the elements needed to bring the body back to its natural state of health. These elements work together as a cohesive unit that is orchestrated perfectly by nature (Holder, 2010).

Many indigenous societies have traditionally seen themselves as part of a great web of life. Music, dance, and other creative practices were integrated into indigenous systems of medicine.

Historically, indigenous systems of medicine included many modalities. Some of these have been lost partially or in their entirety but included midwifery, bone setting, various forms of bodywork, naturopathy, hydrotherapy, botanical and nutritional medicine, and more. These modalities flourished throughout history and were vital in health promotion, disease prevention, and illness treatment of the original peoples.

Many Inuit elders today are readily able to describe traditional health practices and medical knowledge including techniques to cure sickness based on the types of health concerns that existed in their time: boils, infections, fever, colds, broken bones, drowning, and so forth.

But the Inuit perspective encompasses much more. Along with techniques to heal cuts and wounds, and to cure sickness ... elders discussed recollections of how to have a strong mind and a resilient body. (Ootoova et al., 2001, p. 1).

These authors note that Inuit medical knowledge was not separated from the overall understanding of life and how to live a productive life.

Similar to Inuit conceptualizations of medicine, Metis' and First Nations' medical knowledge was and is framed within an overall worldview that perceives balance and harmony as central aspects of a good life. Many other common philosophical principals exist within Indigenous Nations: healing takes time and it can be intense; the relationship between the person seeking help and the healer is important; ceremonies offer guidance and begin healing processes or assist them along their path; healers come from their communities and have learned from other Healers and Elders. Thus, despite the tremendous diversity between Indigenous nations many commonalities exist in the foundational aspects of their systems of medicine (Native Women's Association of Canada [NWAC], 2007).

Resting was important to many First Nations communities. Men would rest before hunting and women would rest during menstruation. Purifying the mind and the environment with smudging ceremonies was a common feature of First Nations' life in various communities (NWAC, 2007).

Underlying these health care practices are indigenous philosophies such as the idea that individuals are part of a circle of life. Just as we influence the broad cultural context in which we live, our physical, emotional, and psychological health is influenced by that context. The medicine wheel is a complex theoretical integration of a circular and interconnected worldview

that is shared by many contemporary indigenous communities, illustrating the value of ancient knowledge for modern life.

Social harmony, in indigenous philosophies, influences individual well-being. It is the basis of community health and symbolizes wholeness:

Health and wellness include the physical, mental, spiritual, emotional, cultural, environmental, social and economic well-being of you, your family, your community, your nation ... and all your relations! (Tehaliwaskenhas, 2010).

Kindness and sharing were integral aspects of most indigenous societies. When Europeans arrived, most naturally welcomed the visitors and freely shared knowledge, land, and resources. Indigenous medical practitioners helped many Europeans in the early days of contact. In fact without the assistance of indigenous healers, many Europeans would have perished. One of the most publicized examples of this was a scurvy outbreak amongst early British colonials. On the verge of death when they arrived, indigenous medical practitioners offered them high vitamin C tonics and saved their lives.

According to some authors, ceremonial and ritual medicine is the largest surviving piece of indigenous medicine today (Continuum Centre for Health and Healing, 2003). Other authors note that various aspects of indigenous medicine persist in the modern day although current medical knowledge is most likely a small fraction of that which flourished 500 years ago. An allopathic physician who worked on Haida Gwaii for 10 years wrote that Haida medicine is still widely used and in his view allopathic family practice has many common elements with it and can learn a great deal from it. He notes that allopathy's over-reliance on technology has created a mechanical and impersonal approach to illness. Haida medical practitioners, on the contrary, are rooted in their communities and usually receive only token sums for their work. He describes the Haida's strong matrilineal system and the importance of song, dance, and recipes for medicines that are preserved by families, clans, and communities (Deagle, 1988).

Daniele Behn-Smith, an indigenous MD, traveled the world to explore holistic systems of medicine for a television series. Integrating her interviews of many indigenous healers, she observes:

I knew that there was this fundamental connection and understanding among indigenous people about what true health is, and that there is this connection with an energy greater than ourselves that needs to be acknowledged. (Arrowsmith, 2007, p. 8)

In her own medical practice today, Dr. Behn-Smith describes how she prays to the Creator to help her honour someone else's experience. Physicians like

Dr Behn-Smith are integrating indigenous healing knowledge with various systems of medicine around the world — leading the way for a revival of healthy indigenous (and other) communities (Arrowsmith, 2007).

Alongside the hope and inspiration provided by such leading lights, is the reality that since European colonization, the majority of indigenous peoples' abilities to practise their forms of medicine have diminished.

COLONIAL INFLUENCES ON INDIGENOUS SYSTEMS OF MEDICINE: A BRIEF OVERVIEW

With the colonizers came extreme trauma in many forms — genocide, war, removal from ancestral lands, relocation, forced labour, religious conversion, and more. Residential schools were an attempt to convert indigenous children to Christianity, stripping them of their own culture, language, and belief systems. In 2008, the Prime Minister of Canada issued an official apology for the federal government's role in supporting residential schools:

Today, we recognize that this policy of assimilation was wrong, has caused great harm, and has no place in our country. Most schools were operated as "joint ventures" with Anglican, Catholic, Presbyterian or United churches. The government of Canada built an educational system in which very young children were often forcibly removed from their homes, often taken far from their communities. Many were inadequately fed, clothed and housed. All were deprived of the care and nurturing of their parents, grandparents and communities. First Nations, Inuit and Métis languages and cultural practices were prohibited in these schools. Tragically, some of these children died while attending residential schools and others never returned home. The government now recognizes that the consequences of the Indian residential schools policy were profoundly negative and that this policy has had a lasting and damaging impact on aboriginal culture, heritage and language. (Indian and Northern Affairs Canada, 2008).

Residential school syndrome has had devastating and lasting impacts on generations of indigenous peoples resulting in ongoing alcohol and drug addiction, domestic violence, child abuse, suicide, and more (Marsden, 2006). Children who were raised in a residential school setting often repeated the cycle of abuse when they became parents and similar problems continue in many families today. As the Prime Minister mentioned above, children were often kidnapped from their parents, beaten if they spoke their indigenous languages, and subjected to sexual abuse and other cruelties (Murphy, 2008).

A physician visiting a Sarcree residential school near Calgary in 1920 and 1922 wrote that all the 33 children were in below passable states of health

and all but 2 of them were infected with TB (Milloy, 1999). Between 35–60% of children admitted to these “schools” all over Canada were dead within 5 years of entry (Miller, 1996). Many grew up and committed suicide later as a result of the extreme torture, rape, and humiliation they endured in residential schools (Carney, 1995; Milloy, 1999).

Further devastation was caused by the introduction of smallpox, influenza, measles, and other infectious diseases to North America by Europeans (Carney, 1995). With no previous exposure to these diseases, indigenous communities died in great numbers (Haig-Brown, 1988). Traditional medicines were not able to adapt quickly enough to save peoples’ lives from these introduced pathogens. Natural immunity did not exist either. Indigenous women, in particular healers and elders, suffered under externally imposed patriarchal social structures; this further reduced community health as women healers had played a vital role in facilitating wellness in the past (NWAC, 2007). Taken together, these conditions contributed to a monumental decline of indigenous populations. To make matters worse, between 1900–1950, Canadian “Indian” policy placed restrictions on fishing and hunting, allocated inadequate land for housing (reserves) and criminalized indigenous healing (Waldram et al., 2006).

“Humanitarianism” and colonial medicine were used to pathologize indigenous peoples and a regime of doctors, hospitals, and field matrons was established to encourage assimilation (Kelm, 2005). Nonetheless, many indigenous peoples have been able to resist and alter these forces to preserve their own cultural understanding of their bodies, disease, and medicine (G. Oleman, personal communication, April 25, 2007).

Annie Guno, a First Nations holistic health care practitioner and teacher, for example, states that much of the holistic health care she practices, such as therapeutic touch and energy medicine, stem from ancient traditions that, in her words, “tap into the Universe.” These practices survived, and some, such as therapeutic touch, have now been established within Canadian hospitals, practiced by nurses (personal communication, January, 2007).

EUROPEAN HOLISTIC MEDICINE IN NORTH AMERICAN HISTORY: A BRIEF OVERVIEW OF HOMEOPATHY

The medical system, as well as public health, was linked from the beginning to the needs of European colonialism and neocolonialism. The colonial

medical system created a new social layer of professionals who mediated between the original people and the colonizers (Kelm, 2005). Differential services were provided both within the indigenous population and between them and the colonizers. At the hospital or health centre, many indigenous people experienced a rationalized bureaucratic organization for the first time. Not surprisingly, allopathic medicine (specifically the version that was offered to indigenous peoples) brought by Europeans was largely ineffective in restoring community health to indigenous peoples (NWAC, 2007). Yet Europeans also brought a rich tradition of holistic medicine of their own. One of the first systems of European⁶ holistic medicine to be practised in Canada was homeopathy. No written documentation on the topic of interaction between indigenous healers and homeopaths was retrievable. It appears that several plausible scenarios could have occurred. The following ideas were knitted together in discussions over many years with homeopaths and indigenous peoples. Initially, homeopaths and indigenous peoples interacted with each other, sharing treatments and learning from each other, creating generally positive relationships. However, relationships between Europeans and indigenous peoples were characterized by racism and mistrust quite quickly after European settlers made it clear that they had chosen to stay, not just visit. Genocide and other features of European colonialism soured possibilities of positive, egalitarian collaboration between homeopaths and indigenous medical experts for the most part. Exceptions existed; some homeopaths bucked the racist trend and they continued to learn from indigenous peoples (Smith, 2005; Anderson, personal communication, 2011; Marsden, 2005). Further research is needed on the interactions between indigenous people and doctors with European practitioners of natural medicine.

Samuel Hahnemann (1755–1843), a German physician, is credited with coining the word “homeopathy” (“homoios” in Greek means similar, “pathos” means suffering, so homeopathy is a system of medicine which induces a condition that mimics the disease in order to treat illness) to refer to the pharmacological principle, the law of similars, that is its basis. This law was previously described by Hippocrates and Paracelsus and was utilized by many cultures, including the Mayans, Chinese, Indians, Greeks, and indigenous peoples (Ullman, 1991), but it was Hahnemann who is thought to have codified the law of similars into a systematic medical sci-

6. Some theorists claim that homeopathy was created in India, formalized in Germany, and spread throughout the world. India has the largest number of homeopaths in the world and the greatest homeopathic infrastructure.

ence. Homeopathy's principles were in direct contrast to those of allopathy. Homeopathy posed a philosophical, clinical, and economic threat to orthodox (allopathic) medicine as will be explained below.

AN INTRODUCTION TO HOMEOPATHIC PRINCIPLES

Most of this section reports on events in the United States and, by extension, in Canada. While great efforts were made to find Canadian resources, most of the writing on this topic appears to be about the US. A topic for future research would be to search out grey literature and other sources about Canadian homeopathic history to make it widely available.

Constantine Hering is acknowledged as the “Father of Homeopathy” in North America. After receiving his medical degree from the University of Wurzburg, Germany, Hering left Germany for the Caribbean. He arrived in Pennsylvania in 1833 where he established a homeopathic school (Haller, 2005). Hering discovered specific ways in which the body heals; his 3 observations of this healing process are called “Hering’s Laws.”⁷ They are general guiding principles that can help in understanding whether a patient’s health is improving or deteriorating⁸ (Coulter, 2001).

Homeopaths are not the only ones to have recognized these laws of cure. Acupuncturists and naturopaths have witnessed aspects of these principles for thousands of years. Yet Hering’s Laws of Cure represent a significant development in medicine. They are unique, holistic assessment tools that can be used to evaluate the progress of the healing process over time. Hering’s work helped make homeopathy a leading form of medicine in North America in the 19th century.

While most of the literature cites male practitioners in leadership roles, women also played an important role in the growth of homeopathy — even though the profession did not always welcome female practitioners; how-

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7. Homeopaths believe that the way to cure illness is to get to the root cause of it. They consider symptoms to be the body’s attempt to rid itself of disease. Hering observed ways in which the body attempts to rid itself of toxins as a remedy takes effect. These observations are used to understand the healing process and to determine whether a patient is being cured; understanding these rules helps to rule out placebo or suppression effects. The 3 laws of cure: 1) A remedy works from the top of the body downward. 2) A remedy works from within the body outward — from major to minor organs. 3) Symptoms clear in reverse order of appearance (<http://www.hellolife.net/explore/homeopathy/the-laws-of-homeopathy/>; http://www.holistic-online.com/homeopathy/homeo_principles.htm)
 8. Homeopaths are generally pleased when a person informs them that one of their old symptoms has returned. Although these old symptoms may be irritating, homeopaths will avoid suppressing them. According to homeopathic principals they are usually only experienced for a short period of time and when they depart during homeopathic treatment the person usually experiences a significantly higher level of health.

ever, compared to allopathy at the time, homeopathy was more inclusive of female practitioners.

Until the 19th century, more holistic doctors practised medicine than allopaths (Raphael et al., 2006). Homeopathy's popularity was to a great extent due to the successful treatment of infectious diseases that raged during that time, such as yellow fever, scarlet fever, and cholera. Hospitals and clinics of homeopathy existed in various parts of North America, with New York, Pennsylvania, and Boston as central sites of practice (Solberg, 2009). By 1900, twenty-two homeopathic schools, over one hundred homeopathic hospitals, and over a thousand homeopathic pharmacies existed throughout the continent (Bezans, 2009). In the early 1900s, 10% of practising physicians in the US were homeopaths (Whorton, 2004). There were approximately twenty-nine different homeopathic journals at this time (Bellavite and Signorini, 2002). Yet homeopathy faced challenges — internal and external. Disagreement among homeopaths has a long tradition. Hahnemann himself for example, demanded that his followers practise precisely the way he did, “He who does not walk on exactly the same line with me, who diverges, if it be but the breadth of a straw, to the right or to the left, is an apostate and a traitor” (Haller, 2005, p. 33). While the most famous homeopaths were Hahnemannians, there were many disagreements amongst them. Hahnemann and his followers were adamant about the use of only one medicine at a time. Hahnemann referred to the many practitioners who used more than a single medicine as “pseudo-homeopaths” or worse. Another point of contention was the potency of the medicine. While the vast majority of Hahnemannians adopted higher potencies after Hahnemann's death, many low potency homeopaths were not convinced. The high and low potency schools of thought developed separate organizations, hospitals, and journals. As a result of the various disagreements among homeopaths, in 1901, Chicago had four different homeopathic medical societies.

EXTERNAL CHALLENGES TO HOMEOPATHY: THE FORMATION OF THE AMA AND ITS ALLIANCE WITH EARLY CAPITALISTS

In 1847, the American Medical Association (AMA) was formed to represent allopathic medicine. Allopathy was informed by the thought of Rene Descartes, Francis Bacon, and others. It was largely, but not entirely, defined by a reductionist and dualist Cartesian scientific base. In Greek, “allo” means different and “pathy” means suffering, so allopathy is a system of

medicine that creates a different illness in order to treat illness.⁹ As part of its code of ethics, the AMA specifically prohibited its members from professional consultation with homeopaths (Solberg, 2009). From its inception, the AMA advocated educational reforms to establish its type of medicine as the only legitimate one and itself as the only legitimate medical association (Loop, 2008). For example, the AMA lobbied to strike down the licensure law, which allowed different sects to have their own licensure boards and the right to examine their own candidates. The abolishment of the licensure law played an important role in losing homeopathy the power to govern itself (Barzansky and Gevitz, 1992; Edlin and Golanty, 2009).

This quest for monopoly resulted in a situation where, by 1855, allopathic practitioners risked losing their membership in the AMA if they even consulted with a homeopath (Tedlock, 2005; Kirschmann, 2004). By the late 1890s an alliance between the AMA and large industrial capitalists was formed, assisting the AMA in gaining the political influence and influential friends it sought. This initiated the sociopolitical hegemony of allopathy which continues today. The modern medical sector is a reflection of socio-economic hierarchies in society (Navarro, 2007) which are based on race, class, gender, and other categories of difference. Corporations and the upper classes who dominate society in general also direct the functions and structures of medical industrial complexes.

Virtually all AMA members at the time were from the upper classes as no scholarships existed; most allopaths self-financed their trips to Europe, primarily Germany, for postgraduate training. Referring to the era between 1897 and 1917, Berliner states that

the AMA of this time ... can best be seen as an organization of scientists, based in medical schools or hospitals, devoted to establishing the political hegemony of scientific medicine (as allopathy began to refer to itself) over the other 'sects'. There is some evidence that leads one to believe that the primary reason for the establishment of the AMA was to retard the advances that homeopathy was making in winning over new patients and physicians. (1975, p. 581)

Territoriality was perhaps the most important reason that the allopathic physicians who represented the AMA disliked homeopathy and homeopaths, and this was well expressed at an AMA meeting. One of the more respected allopathic physicians said, "We must admit that we never fought the homeopath on matters of principles; we fought him because he came

9. While this paper examines political and conceptual aspects of allopathy critically, it is not an attempt to dismiss this system out of hand. Indeed, many important advances have been made by allopaths.

into the community and got the business” (Ullman, 2007, p. 42). It seemed that the AMA had won the war against homeopathy by 1930.

By 1935, there was an 86% decline in the number of homeopathic schools, going from fourteen to two, a couple of which were the Hahnemann Medical College of Philadelphia and the New York Homeopathic Medical College. By 1950 all the homeopathic colleges in the US were either closed or no longer teaching homeopathy. There were less than 150 practicing homeopathic physicians and most of them were over 50 years old.

THE FLEXNER REPORT

At the turn of the 20th century, medical education was in transition. Johns Hopkins University, based on a model originally designed at Harvard University, developed a curriculum which was used as a prototype across the continent — a four-year medical education, preceded by a thorough scientific training, which heavily emphasized laboratory work. A Council on Medical Education was established in 1904 by the AMA and was composed solely of representatives from universities which followed the Johns Hopkins’ model. The Council visited all 160 medical schools in the USA. The ratings used were Class “A” (acceptable), Class “B” (doubtful), and Class “C” (unacceptable). Eighty-two schools received a Class “A” rating, including Johns Hopkins, Harvard, Western Reserve; forty-six received a Class “B” rating and thirty-two a Class “C” rating. The Class “C” schools were mostly in rural areas and many of them were proprietary in nature. They were also the schools that typically admitted African Americans and women (Beck, 2004; Hiatt and Stockton, 2005). Prior to the 1904 visit, the members of the committees on Education of the American Institute of Homeopathy and the National Confederation of Eclectic Medical Colleges had meetings with the AMA to discuss possible standardization with which they would all be satisfied. However, the meetings were in vain as the AMA was determined to bring about dramatic changes in the field of medicine that were bound to affect homeopathic and other holistic schools (Berliner, 1975).

The Council then applied, through the AMA, to the Carnegie Foundation to commission an independent report to verify its work. Abraham Flexner, an educator whose brother was an allopath, was selected for the task. He was accompanied by Nathan Colwell, MD, Secretary of the Council, and a participant in all the site visits. They visited all the medical schools in North America.

In 1910, the Flexner Report, *Medical Education in the United States and Canada* was released by the Carnegie Foundation for the Advancement of Teaching. The report marked a turning point in medical education. It suggested new guidelines for medical schools to make them more scientific (in the reductionist and dualist tradition). Approved schools were to provide full-time research faculty as well as a solid, technological base — the modern research laboratory (Barzansky and Kenagy, 2010) — which required a large amount of funding. The report's suggestions were implemented, with the following major effects (Coulter, 1982):

1. to transform medical instruction from an apprenticeship system to a residence program within universities;
2. to encourage the adoption of a four-year medical school curriculum;
3. to scientize medical education through the introduction of laboratory teaching exercises and clinical clerkship.

Flexner (1930, p. 189) wrote: “the influence of the board of trustees determines, in the social and economic realms, an atmosphere of timidity which is not without effect on critical appointments and promotions.” He stated that the first and final voice is theirs, concerning the highest decisions. An “atmosphere of timidity” thus helped to shape medical education about one hundred years ago. Their first goal was to ensure that “the aims of higher education, of course, are to be attuned to the needs of the industrial (corporate) system” (Galbraith, 1967, p. 370). In the process, Flexner rebuked homeopathic schools along with other holistic schools for their poor standard despite their successful establishment and many were excluded from the reconstruction of the medical system. The boards of trustees and other capitalists thus began to exert greater influence on the direction of medical education. Even though the AMA recognized the differences between therapeutic and regular medicine, it declared that homeopathic schools should adapt to the announced guidelines if they wanted to be recognized. Large corporations controlled the financing of medical services and educational institutions. The pharmaceutical industry also began its alliance with allopathy and they started to function symbiotically.

Funding was the chief distinguishing factor between the Flexner report and the innumerable other reports which were published in the same era as several foundations financed its implementation. By 1934, large foundations had donated \$154 million to reform medical education along Flexnerian lines. The Rockefeller General Education Board supplied \$83.3 million to nine medical schools (Fedunski, 2005). Other schools lost their funding

and many were forced to close down, including schools of natural medicine and the only medical schools which admitted African Americans and women (Hiatt and Stockton, 2005). Amongst the medical schools that were heavily funded by many corporations in order to meet the high expectations set by the Flexner report and the AMA, only two homeopathic schools could stay open with the help of devoted alumni and local benefactors.

A reform movement at the turn of the 20th century, commonly called progressivism, posited that scientific knowledge could be applied beyond medicine and public health to politics, law, labour relations, industrial production, and so forth. Proponents believed that science combined with capitalism would solve the problems of rapid industrialization. Alexander Peter Reid, a Canadian allopath born in 1836, was a leader in this movement. He firmly believed that science could solve social problems (Petrou, 1998). These kinds of social elements created a stronger foundation upon which allopathic medicine could flourish, particularly as prominent allopaths were in leadership positions.

One such prominent allopath was Morris Fishbein who became the editor of the *Journal of the AMA* in 1924. He became well known when *Time Magazine* referred to him as the nation's most ubiquitous and perhaps most influential medico. Fishbein's shrewd organizational skills rallied the allopathic profession in a relentless campaign against natural medicine. In one editorial he went as far as to write that chiropractors were "rabid dogs, playful and cute but they're killers" (Cooperstein and Gleberzon, 2004, p. 312).

The rise in allopathic medicine was also influenced by the needs of the battlefield. Most notably, the "world" wars made rapid research in acute care necessary; approximately 39,488 Canadian soldiers were killed in action during World War I and approximately 12,048 died of wounds (Salisbury and English, 2003). It was considered a "medical miracle" that approximately 154,361 were injured yet survived and approximately 4 out of 5 of these soldiers returned to active military service (Salisbury and English, 2003).

World War II catalyzed the rapid research and development of high technological approaches to medicine and resulted in clearly visible successes. The necessity for crisis surgical intervention techniques for battlefield wounds also encouraged use of morphine, sulfa drugs, and penicillin. The introduction of "heroic" medicine and "wonder" drugs during the war had lasting effects. This type of medicine produced instantaneous results which awed the general public. People's faith in allopathic medicine grew tremendously during this time period (Magner, 2005).

While allopathic medicine became dominant during the late 1800s to the 1960s or so, many forms of holistic health care still existed. Dominant discourse juxtaposed quackery (which often included legitimate forms of holistic health as well as unproven therapies) with allopathy. Yet the medical market place was rich and complex. Some so-called quacks would turn to science for explaining their therapies while orthodox practitioners sometimes practiced and were otherwise sympathetic to so-called quackery (Clow, 2001).

People of varying socioeconomic positions continued to turn to practitioners of holistic health care. Treatments offered by holistic practitioners were not always cheaper than allopathic treatments. People turned to holistic treatments partly because they were less painful than allopathic treatments but some holistic treatments were not painless. Both ill and healthy people sought out holistic practitioners based on sound information and experience, not fear and ignorance. While those who sought treatment from holistic practitioners may have been critical of some aspects of allopathic care, they were not interested in mounting collective social challenges to allopathy in general (Clow, 2001).

As long as we accept the premise that doctors monopolized health care in the last century, we will continue to believe that criticism of and opposition to conventional medicine is a recent phenomenon. And as long as popular disenchantment with the medical profession is seen as a product of the 1960s counter-cultural revolution, we will continue to formulate solutions to the current health care crisis that ignore enduring traditions of independence, self-help, and anti-authoritarianism. (Clow, 2001, p. 7)

North Americans thus have a strong tradition of working towards medical pluralism.

IN CLOSING

As far back as recorded history goes, indigenous peoples have practiced holistic medicine. Their complex and sophisticated systems of medicine were effective health promotion, disease prevention, treatment and palliative care. Indigenous systems of medicine reflected cosmologies that were deeply rooted in interconnectedness between: Earth and all inhabitants; mind, body, spirit; all life forms in the universe. Brenda Holder (2010), an Alberta-based medical herbalist, practices her grandmother and mother's medicine today (in the lineage of Kwarakwante), using her healing hands and affinity to plants:

THE HEARTBEAT OF THE EARTH. The medicine way involves treating all aspects of the body, not just its illness. This medicine treats the person; involving body, spirit and mind. Plant spirit is included on the path to healing; this creates a powerful medicine.

When indigenous peoples lived in autonomous, self-governing communities, they generally had strong connections with the land. They had fairly resilient communities based on traditional knowledge systems. They almost always ate healthy food (Price, 1936). People were generally well served by their institutions of learning, justice, social services, and so forth. Thus social factors which determine health status were generally in place and created vibrant communities. Using indigenous holistic medicines, people were typically healthy and illnesses were treated effectively.

When Europeans arrived in North America, they had 2 major impacts on indigenous systems of health care. First, genocide of indigenous peoples – using techniques such as warfare, the introduction of alcohol, residential schools, spreading diseases – causing the death of millions of people and the destruction of their systems of health care (although some survived); second, the introduction of holistic systems of health care – which paralleled the fundamental philosophies of indigenous health care – such as homeopathy, which flourished in the 18th and 19th centuries.

A search of the grey literature and formal literature revealed no sources describing contact between homeopaths and indigenous peoples. This is an area for future research.

Beginning in the middle of the 19th century homeopathy started to decline due to internal and external factors. Among the social and political forces that led to the decline of natural medicine in the USA and Canada (which was significantly connected to trends in the USA) were various factors: the rapid creation of new medical educational standards by the AMA between 1900–1910; the impact of the Flexner Report, (published by the Carnegie Foundation); funding increases to the allopathic schools and concomitant funding decreases to the natural medicine schools by large corporations such as Carnegie and Rockefeller. From approximately 1920–1960, holistic health care practices in North America were in decline after having been the dominant tradition of health care for centuries. Planned efforts of the AMA, backed by the Carnegie and Rockefeller Foundations, coupled with war-time medical advances, enshrined the hegemony of allopathic medicine and contributed to the decline of holistic health care practices.

From this history we learn many lessons. First, the decline of indigenous medicine came about with brute force inflicted by Europeans on the original stewards of this land; the decline of indigenous systems of medicine had nothing to do with the efficacy of these systems of medicine, their health outcomes, treatment techniques, educational methods, and so forth. As part of the land grab that British, French, and other European colonizers conducted, a policy of *extinction* of the Native peoples of Canada was an implicit goal (M. Williams, personal communication, October 12, 2010). While some aspects of indigenous medical systems survive and thrive today, much has been lost as a result of the violence perpetrated on the original peoples and this land.

Second, despite all the attempts of European colonials, indigenous peoples have survived and are here to stay. Indigenous peoples in Canada have the highest birth rates with the Inuit having higher birth rates than First Nations and Métis peoples (Shroff and NAHO, 2009; Statistics Canada 2006). This is a true celebration of life — a renaissance of the original stewards of the land! With healing and the revival of various systems of indigenous knowledge, medical knowledge is also coming back; they are not necessarily the exact same systems of medicine that were practiced in the past. All forms of knowledge and their practices evolve and so have indigenous health care systems.

Third, homeopaths arrived in North America as part of the settler wave of migration and had contact with indigenous peoples including health care practitioners; homeopathy has a great deal in common with indigenous cosmologies and medical world views. For example, the notion that spirit or energy is responsible for creating health is common to both; homeopaths call this “vital force” and various names exist in the myriad languages of indigenous peoples.

Fourth, the history of medicine in North America is one of holistic medicines, including indigenous and homeopathic. Indigenous systems of medicine flourished for thousands of years and homeopathy for about a century, before being supplanted by allopathy. It is barely one hundred years that holistic systems of medicine have not been the ascendant form of medical practice.

A revival of holistic thought forms and practices is occurring all over the world (Shroff, 2011). Holistic health practices are thriving in Europe, Latin America, Africa, Middle East, Asia, Australasia, as well as North America (Shroff, 2000).

Finally, North American allopathy gained its power base from a complex matrix of factors: early capitalists such as the Rockefellers and Carnegies were significant supporters of this new form of medicine. While allopathy was laboratory based it was not generally evidence based. Outcomes measures for allopathic medicine show that homeopathy and other systems of holistic medicine outperformed allopathy in many pandemics of the 19th and 20th centuries (Winston, 2009). While much of the retrievable information on this topic is from the USA much of the above history happened similarly in Canada (Clow, 2003) and the dominance of allopathic medicine in Canada today results from similar factors.

Despite this history of decline, holistic health is re-emerging today and this is the subject of a forthcoming paper. Proven health promotion, disease prevention, treatment, and palliative care approaches exist in many systems of healthcare. Integrating various systems of healthcare holds promise for ushering in a revitalized healthier future.¹⁰ In this paper we have studied the past and seen that better health was possible, particularly for the indigenous peoples of this continent. Drawing from the past, building on achievements, and creating novel health care systems rooted in socially determined factors, indigenous peoples could lead us to this healthier future.

Future research in this area includes a comparative examination of evidence based medical outcomes in various systems of medicine. The precise nature of relationships between indigenous peoples/doctors and homeopathic practitioners in the 18th and 19th centuries is another area for further research.

Indigenous peoples practiced holistic systems of medicine for millennia; despite a hiatus of many decades, a slow revitalization of these systems of medicine is occurring today. Similarly, homeopathy, despite current condemnation from various quarters, is growing — as evidenced by the Ontario government's recent recognition of this holistic system of medicine. Social and political forces will continue to significantly determine the status of holistic systems of medicine in North America.

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